

Frank I. Powers  
HARRIS, POWERS & CUNNINGHAM, PLLC  
361 E. Coronado Road, Suite 101  
Phoenix, AZ 85004

*Attorneys for Claimants John and Nancy Mahoney*

**UNITED STATES BANKRUPTCY COURT  
SOUTHERN DISTRICT OF NEW YORK**

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**In re:** : **Chapter 11 Case No.**  
: **09-50026 (REG)**  
**MOTORS LIQUIDATION COMPANY, et al.,** :  
**f/k/a General Motors Corp., et al.** :  
: **SUPPLEMENT TO FURTHER**  
: **SUPPORT CLAIMANTS'**  
: **CLAIMS**  
: **Debtors.** :  
: -----x

TO THE HONORABLE ROBERT E. GERBER,  
UNITED STATES BANKRUPTCY JUDGE:

On behalf of Claimants John and Nancy Mahoney, Claim 12546, we respectfully submit this Supplement of treatment records to further support Claimants' claims.

Paul W. Sharbo, DDS

As a result of head trauma, Mr. Mahoney sustained numerous broken teeth that required extensive repair. Dr. Sharbo feels as if he has been able to adequately repair the damage to Mr. Mahoney's mouth. Dr. Sharbo also believes that Mr. Mahoney's traumatized teeth could eventually require endodontic treatment. Dr. Sharbo indicated that it would take several more years to learn whether the pulpal tissue will recover or die as a result of trauma Mr. Mahoney received in this collision.

Summary

In summary, Mr. Mahoney suffered blunt force trauma to his head, broken teeth, broken ribs, a cracked sternum, a fractured collar bone, a collapsed lung, a fractured tibia,

pulmonary emboli, and a heart attack resulting in placement of a permanent pacemaker. He has suffered permanent impairment from the collision. Because of an AC separation of the left shoulder, Mr. Mahoney has a noticeable disfigurement and functional disability. Mr. Mahoney will also be on a Coumadin regiment for the rest of his life, and, as such, will be at high risk for complications if he falls. He continues to suffer a significant loss of cognitive skills and memory loss. He also has speech difficulty, along with a loss of clear thought and word finding ability. He describes it as everything feeling "dull." It appears Mr. Mahoney's traumatic brain injury has left him with permanent deficits. Mr. Mahoney's broken teeth required extensive dental repair.

**John Mahoney's Updated Medical Specials**

**John Mahoney**

University Medical Center.....	\$ 88,431.49
HealthSouth.....	\$47,097.13
<b>Paul W. Sharbo, DDS.....</b>	<b><u>\$ 4,345.00</u></b>
<b>Total.....</b>	<b><u>\$139,873.62</u></b>

DATED this 2nd day of November, 2010.

HARRIS, POWERS & CUNNINGHAM, P.L.L.C.

By /s/ Frank I. Powers

Frank I. Powers  
361 East Coronado Road, Suite 101  
Phoenix, Arizona 85004  
*Attorneys for Claimants John and Nancy Mahoney*

Motors Liquidation Company, *et al.*  
Chapter 11 Case No. 09-50026

## Index of Exhibits

- Exhibit A Tucson Police Department Accident and Supplemental Reports dated March 11, 2008.
- Exhibit B Tucson Police Department Accident Scene Photographs taken March 11, 2008.
- Exhibit C Crash Data Retrieval File Information dated June 6, 2008.
- Exhibit D Mike Shepson Vehicle Inspection Photographs (Mahoney Vehicle) dated June 5, 2008.
- Exhibit E Mike Shepson Vehicle Inspection Photographs (At Fault Vehicle) dated June 5, 2008.
- Exhibit F Mike Shepson Vehicle Inspection Photographs (Accident Location) dated June 5, 2008.
- Exhibit G Interstate Investigative Services Report and Photographs dated February 26, 2010.
- Exhibit H Complaint - C20101914, *Mahoney v. Coulter Cadillac, et al.*, filed March 11, 2010.
- Exhibit I Certificate on Compulsory Arbitration - C20101914, *Mahoney v. Coulter Cadillac, et al.*, filed March 11, 2010.
- Exhibit J *1999 Cadillac Deville Recalls, Defects, and Problems*, printed from [www.autobuyguide.com](http://www.autobuyguide.com).
- Exhibit K *Cadillac Recall News*, printed from [www.crash-worthiness.com](http://www.crash-worthiness.com).
- Exhibit L John Mahoney Medical Records (Paul W. Sharbo, DDS.)**
- Exhibit M Nancy Mahoney Medical Records.

## EXHIBIT L

JOHN MAHONEY  
MEDICAL RECORDS

(Paul W. Sharbo, DDS)

**Paul W. Sharbo, DDS**  
**6744 E. Broadway**  
**Tucson, AZ 85710**  
**520-298-9771**  
**August 10, 2010**

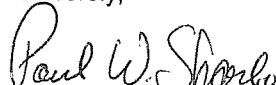
Frank I. Powers  
Harris Powers & Cunningham  
Post Office Box 13568  
Phoenix, AZ 85002-3568

I have enclosed copies of our treatment records and billing statements for John J. Mahoney from February 2008 to the present. I have highlighted on both the dental record and billing statement log the items of care which I believe are related to the accident in March of 2008. These all represent conditions requiring treatment which were not evident in February 2008. For teeth #8, 9, 10, 18 & 11 this means physical breakage. The care required to repair all these teeth except #18 was full crown restoration. Tooth #18 was repaired with a direct filling restoration. For teeth #20 & 21 it indicated dental caries which started while John was recovering from his injuries. In this case the care needed was new direct filling restorations. This may have been due to chipping of restorations which were in the teeth or his inability to maintain adequate dental hygiene through his early recovery period. You will note that tooth #11 was recognized only later as requiring care from the trauma. It was cracked and crazed but didn't start coming apart until later.

Right now it looks as though we have adequately repaired the damage to John's mouth from the accident. However, any of these traumatized teeth could eventually require endodontic treatment from the same trauma. It takes several years to learn whether the pulpal tissues will recover or die after teeth receive severe trauma as John's received in the accident

At this point in time the cost for diagnosis and repair of dental damages caused by the accident is \$4345.00.

Sincerely,



Paul W. Sharbo

ProcDate	FirstName	Code	Th	Surf	Procedure	Fee	PtPaid	Adj(C)	Adj(D)	InsPaid	Balance
Total						\$7,642.00	\$4,875.54	1,082.73	\$9.91	\$3,748.10	\$55.00
7/8/2003	John	D1110			Prophylaxis - Adult	\$55.00	\$0.00	\$0.00	\$0.00	\$0.00	\$120.00
10/9/2003	John	D0330			Panoramic Film	\$65.00	\$0.00	\$0.00	\$0.00	\$0.00	\$175.00
10/9/2003	John	D1110			Prophylaxis - Adult	\$55.00	\$0.00	\$0.00	\$0.00	\$0.00	\$243.00
1/2/2004	John	D1110			Prophylaxis - Adult	\$68.00	\$0.00	\$0.00	\$0.00	\$0.00	\$428.00
2/3/2004	John	D2335	26	DI/L	Resin Based Composite - 4 Or More S	\$185.00	\$0.00	\$0.00	\$0.00	\$0.00	\$351.69
5/3/2004	John	IP			INS PAID* 2/3/2004 Check #4469	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$312.08
5/3/2004	John	DDADJ			DDADJ*2-3-2004	\$0.00	\$0.00	\$39.61	\$0.00	\$0.00	\$293.65
5/3/2004	John	MSADJ			MTN ST DISC.-1-20-04*	\$0.00	\$0.00	\$18.43	\$0.00	\$0.00	\$314.13
5/3/2004	John	IP			INS* 1/20/2004 Check #1470	\$0.00	\$0.00	\$0.00	\$0.00	\$39.66	\$253.99
5/17/2004	John	D1110			Prophylaxis - Adult	\$68.00	\$0.00	\$0.00	\$0.00	\$0.00	\$321.99
5/17/2004	John	0120			PERIODIC ORAL EXAM	\$28.00	\$0.00	\$0.00	\$0.00	\$0.00	\$349.99
6/14/2004	John	IP			Ins* 7/8/2003 Check #1768	\$0.00	\$0.00	\$0.00	\$0.00	\$35.86	\$231.29
6/14/2004	John	UCADJ	FM		UC-DISC-10-9-2003	\$0.00	\$0.00	\$16.45	\$0.00	\$0.00	\$214.84
6/14/2004	John	UCADJ	FM		UC-DISC-7/8/2003	\$0.00	\$0.00	\$10.17	\$0.00	\$0.00	\$204.67
6/24/2004	John	IP			Ins* 5/17/2004 Check #1959	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$146.65
6/24/2004	John	MSADJ			MTN ST DISC. 5-17-2004	\$0.00	\$0.00	\$23.48	\$0.00	\$0.00	\$123.17
7/19/2004	John	CHECK			CHECK PMT-POSTED TO JMM-BAL	\$0.00	\$53.17	\$0.00	\$0.00	\$0.00	\$70.00
7/19/2004	John	CHECK			CHECK PMT* BAL ON PWS FILLING	\$0.00	\$70.00	\$0.00	\$0.00	\$0.00	\$0.00
8/3/2004	John	D1110			Prophylaxis - Adult	\$68.00	\$0.00	\$0.00	\$0.00	\$0.00	\$68.00
9/27/2004	John	JMMAD			CREDIT FROM NANCY'S ACCOUNT	\$0.00	\$0.00	\$58.09	\$0.00	\$0.00	\$9.91
9/27/2004	John	CHECK			CHECK PMT-PATIENT-THANK YOU	\$0.00	\$9.91	\$0.00	\$0.00	\$0.00	\$0.00
10/18/2004	John	MSADJ			MSADJ-8/30/2004	\$0.00	\$0.00	\$18.43	\$0.00	\$0.00	\$-18.43
10/18/2004	John	IP			Ins 8/30/2004 Check #3777	\$0.00	\$0.00	\$0.00	\$0.00	\$39.66	\$-58.09
11/18/2004	John	D1110			Prophylaxis - Adult	\$68.00	\$0.00	\$0.00	\$0.00	\$0.00	\$9.91
11/18/2004	John	D0274			Bitewings - Four Films	\$38.00	\$0.00	\$0.00	\$0.00	\$0.00	\$47.91
11/18/2004	John	D0120			Periodic Oral Exam	\$28.00	\$0.00	\$0.00	\$0.00	\$0.00	\$75.91
1/3/2005	John	IP			Ins 11/18/2004 Check #MS	\$0.00	\$0.00	\$0.00	\$0.00	\$83.39	\$-7.48
1/3/2005	John	MSADJ			MSADJ-J-11-08-2004	\$0.00	\$0.00	\$29.77	\$0.00	\$0.00	\$37.25
2/16/2005	John	D1110			Prophylaxis - Adult	\$68.00	\$0.00	\$0.00	\$0.00	\$0.00	\$30.75
2/16/2005	John	D0120			Periodic Oral Exam	\$28.00	\$0.00	\$0.00	\$0.00	\$0.00	\$58.75
2/16/2005	John	D0220	13		Intraoral - Periapical - First Film	\$20.00	\$0.00	\$0.00	\$0.00	\$0.00	\$78.75
3/3/2005	John	IP	FM		Ins 2/16/2005 *MJD/JM	\$0.00	\$0.00	\$0.00	\$0.00	\$92.80	\$-14.05
3/3/2005	John	DEBIT			CREDIT MOVED TO NANCY	\$0.00	\$0.00	\$9.91	\$0.00	\$0.00	\$-4.14
5/10/2005	John	D1110			Prophylaxis - Adult	\$68.00	\$0.00	\$0.00	\$0.00	\$0.00	\$63.86
5/13/2005	John	MAIL	FM		ROA*OK*1/2 CK-JMM-THANK YOU	\$0.00	\$31.86	\$0.00	\$0.00	\$0.00	\$32.00

Patient History for John Mahoney

ProcDate	FirstName	Code	Tth	Surf	Procedure	Fee	PtPaid	Adj(C)	Adj(D)	InsPaid	Balance
5/31/2005	John	ID	FM		INS DENIED -5-10-05*2 PER YEAR-	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$32.00
8/24/2005	John	D110			Prophylaxis - Adult	\$68.00	\$0.00	\$0.00	\$0.00	\$0.00	\$100.00
9/6/2005	John	IP			Ins 8/24/2005 *MD/JM	\$0.00	\$0.00	\$0.00	\$0.00	\$54.40	\$45.60
12/5/2005	John	D110			Prophylaxis - Adult	\$68.00	\$0.00	\$0.00	\$0.00	\$0.00	\$113.60
12/13/2005	John	MAIL			RO*CK*THANK YOU*JMM Check -	\$0.00	\$45.60	\$0.00	\$0.00	\$0.00	\$68.00
12/22/2005	John	ID	FM		INS DENIED -12/5/05*OVER 2 PER Y	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$68.00
1/18/2006	John	D2750	31		Crown-Porcelain Fused To High Noble	\$850.00	\$0.00	\$0.00	\$0.00	\$0.00	\$918.00
1/18/2006	John	D0230	31		Intrarad - Periapical - Each Add Film	\$15.00	\$0.00	\$0.00	\$0.00	\$0.00	\$933.00
1/24/2006	John	POT			POST OP. TREATMENT	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$933.00
2/11/2006	John	1000	31		PLACEMENT OF PROSTHESIS-NEW	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$933.00
2/3/2006	John	IP	31		Statement printed on 2/7/2006	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$521.00
2/7/2006											
3/9/2006	John	D110			Prophylaxis - Adult	\$68.00	\$0.00	\$0.00	\$0.00	\$0.00	\$59.00
5/4/2006	John	CHECK			CK-THANK YOU* Check - #9447	\$0.00	\$589.00	\$0.00	\$0.00	\$0.00	\$0.00
6/7/2006	John	D110			Prophylaxis - Adult	\$68.00	\$0.00	\$0.00	\$0.00	\$0.00	\$68.00
6/25/2006	John	ID			*INS DENIED -DUE TO FREQUENCY	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$68.00
8/23/2006	John	CHECK			CK-THANK YOU* Check - #9567	\$0.00	\$68.00	\$0.00	\$0.00	\$0.00	\$0.00
9/14/2006	John	D110			Prophylaxis - Adult	\$68.00	\$0.00	\$0.00	\$0.00	\$0.00	\$68.00
9/14/2006	John	D0274			Bitewings - Four Films	\$38.00	\$0.00	\$0.00	\$0.00	\$0.00	\$106.00
9/14/2006	John	D0120			Periodic Oral Exam	\$28.00	\$0.00	\$0.00	\$0.00	\$0.00	\$134.00
9/25/2006					Statement printed on 9/25/2006	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$134.00
9/25/2006	John	IPPT			Insurance Payment for 9/14/2006 Che	\$0.00	\$0.00	\$0.00	\$0.00	\$107.20	\$26.80
12/13/2006	John	D110			Prophylaxis - Adult	\$71.00	\$0.00	\$0.00	\$0.00	\$0.00	\$97.80
1/3/2007	John	CHECK			CK-THANK YOU* Check - #9702	\$0.00	\$97.80	\$0.00	\$0.00	\$0.00	\$0.00
4/2/2007	John	D110			Prophylaxis - Adult	\$71.00	\$0.00	\$0.00	\$0.00	\$0.00	\$71.00
4/2/2007	John	D0274			Bitewings - Four Films	\$38.00	\$0.00	\$0.00	\$0.00	\$0.00	\$109.00
4/2/2007	John	D0120			Periodic Oral Exam	\$35.00	\$0.00	\$0.00	\$0.00	\$0.00	\$144.00
4/16/2007	John	IPPT			Insurance Payment for 4/2/2007 Chec	\$0.00	\$0.00	\$0.00	\$0.00	\$35.00	\$109.00
4/16/2007	John	IPPT			Insurance Payment for 4/2/2007 Chec	\$0.00	\$0.00	\$0.00	\$0.00	\$49.80	\$59.20
4/23/2007	John	CHECK			CK-THANK YOU* Check - #9786	\$0.00	\$59.20	\$0.00	\$0.00	\$0.00	\$0.00
8/2/2007	John	D110			Prophylaxis - Adult	\$71.00	\$0.00	\$0.00	\$0.00	\$0.00	\$71.00
8/7/2007	John	CHECK			CK-THANK YOU* Check - #9884	\$0.00	\$71.00	\$0.00	\$0.00	\$0.00	\$0.00
11/19/2007	John	D110			Prophylaxis - Adult	\$71.00	\$0.00	\$0.00	\$0.00	\$0.00	\$71.00
11/26/2007	John	CHECK			CK-THANK YOU* Check - #9990	\$0.00	\$71.00	\$0.00	\$0.00	\$0.00	\$0.00
12/3/2007	John	IPPT			Insurance Payment for 11/19/2007 Ch	\$0.00	\$0.00	\$0.00	\$0.00	\$56.80	\$-56.80
2/26/2008	John	D110			Prophylaxis - Adult	\$71.00	\$0.00	\$0.00	\$0.00	\$0.00	\$14.20
3/19/2008	John	ID			*INS DENIED DUE TO FREQUENCY	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$14.20

Patient History for John Mahoney

ProcDate	FirstName	Code	Tth	Surf	Procedure	Fee	PtPaid	Adj(C)	Adj(D)	InsPaid	Balance
3/27/2008	John	CHECK			CK-THANK YOU* Check - #0736	\$0.00	\$14.20	\$0.00	\$0.00	\$0.00	\$0.00
8/28/2008	John	D1110			Prophylaxis - Adult	\$71.00	\$0.00	\$0.00	\$0.00	\$0.00	\$71.00
9/3/2008	John	D0210			FMX-Intraoral-Comp Series	\$120.00	\$0.00	\$0.00	\$0.00	\$0.00	\$191.00
9/3/2008	John	D0120			Periodic Oral Exam	\$35.00	\$0.00	\$0.00	\$0.00	\$0.00	\$226.00
9/15/2008	John	IPPT			Insurance Payment for 9/3/2008 Che	\$0.00	\$0.00	\$0.00	\$0.00	\$118.40	\$107.60
9/15/2008	John	IPPT			Insurance Payment for 8/28/2008 Che	\$0.00	\$0.00	\$0.00	\$0.00	\$56.80	\$50.80
9/23/2008	John	CHECK			CK-THANK YOU* Check - #0318	\$0.00	\$14.20	\$0.00	\$0.00	\$0.00	\$36.60
9/23/2008	John	CHECK			CK-THANK YOU* Check - #0318	\$0.00	\$36.60	\$0.00	\$0.00	\$0.00	\$0.00
9/24/2008	John	D2393	18	DOF	Resin Based Composite-3 Surfaces, F	\$195.00	\$0.00	\$0.00	\$0.00	\$0.00	\$195.00
9/24/2008	John	D2393	20	DOF	Resin Based Composite-Two Surface	\$195.00	\$0.00	\$0.00	\$0.00	\$0.00	\$390.00
9/24/2008	John	D2392	21	OF	Resin Based Composite-Two Surface	\$165.00	\$0.00	\$0.00	\$0.00	\$0.00	\$555.00
10/6/2008	John	D2750	09		Crown-Porcelain Fused To High Noble	\$900.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,455.00
10/6/2008	John	D2750	10		Crown-Porcelain Fused To High Noble	\$900.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,355.00
10/7/2008	John	D2750	08		Crown-Porcelain Fused To High Noble	\$900.00	\$0.00	\$0.00	\$0.00	\$0.00	\$3,255.00
10/7/2008	John	IPPT			Insurance Payment for 9/24/2008 Che	\$0.00	\$0.00	\$0.00	\$0.00	\$404.00	\$2,851.00
10/21/2008					Walkout printed on 10/21/2008	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,851.00
10/21/2008	John	POT			*POST OP TREATMENT	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,851.00
10/21/2008	John	CHECK			Statement printed on 10/21/2008	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,851.00
10/21/2008	John	IPPT			CK-THANK YOU* Check - #342	\$0.00	\$2,851.00	\$0.00	\$0.00	\$0.00	\$0.00
11/18/2008	John	IPPT			Insurance Payment for 10/6/2008 Che	\$0.00	\$0.00	\$0.00	\$0.00	\$1,352.16	\$-1,352.16
11/24/2008	John	1000	9-11		PLACEMENT OF	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$-1,352.16
11/24/2008	John	REFJN1			Patient Refund/OVER PAYMENT CHE	\$0.00	\$0.00	-1,352.16	\$0.00	\$0.00	\$0.00
12/17/2008	John	D1110			Prophylaxis - Adult	\$71.00	\$0.00	\$0.00	\$0.00	\$0.00	\$71.00
1/6/2009	John	ID			*INS DENIED -	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$71.00
2/3/2009	John	CHECK			CK-THANK YOU* Check - #0458	\$0.00	\$71.00	\$0.00	\$0.00	\$0.00	\$0.00
3/17/2009	John	D1110			Prophylaxis - Adult	\$71.00	\$0.00	\$0.00	\$0.00	\$0.00	\$71.00
4/1/2009	John	IPPT			Insurance Payment for 3/17/2009 Che	\$0.00	\$0.00	\$0.00	\$0.00	\$56.80	\$14.20
4/20/2009	John	CHECK			CK-THANK YOU* Check - #10533	\$0.00	\$14.20	\$0.00	\$0.00	\$0.00	\$0.00
7/15/2009	John	D1110			Prophylaxis - Adult	\$71.00	\$0.00	\$0.00	\$0.00	\$0.00	\$71.00
7/15/2009	John	D0120			Periodic Oral Exam	\$35.00	\$0.00	\$0.00	\$0.00	\$0.00	\$106.00
7/20/2009	John	D2750	11		Crown-Porcelain Fused To High Noble	\$900.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,006.00
7/20/2009	John	D0220	11		Intraoral - Periapical - First Film	\$35.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,041.00
7/27/2009	John	ID			*INS DENIED -	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,041.00
7/27/2009	John	IPPT			Insurance Payment for 7/15/2009 Che	\$0.00	\$0.00	\$0.00	\$0.00	\$23.20	\$1,017.80
7/27/2009	John	INSADJ			INSURANCE ADJUSTMENT	\$0.00	\$6.00	\$0.00	\$0.00	\$0.00	\$1,011.80
8/10/2009	John	1000	11		PLACEMENT OF	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,011.80
8/13/2009	John	INSADJ			INSURANCE ADJUSTMENT	\$0.00	\$0.00	\$19.00	\$0.00	\$0.00	\$992.80

Patient History for John Mahoney

Patient History for John Mahoney

ProcDate	FirstName	Code	Ttn	Surf	Procedure	Fee	PtPaid	Adj(C)	Adj(D)	InsPaid	Balance
8/1/3/2009	John	IPPT			Insurance Payment for 7/20/2009 Che	\$0.00	\$0.00	\$0.00	\$0.00	\$12.80	\$980.00
8/1/8/2009	John	IPPT			Insurance Payment for 7/20/2009 Che	\$0.00	\$0.00	\$0.00	\$0.00	\$425.00	\$555.00
9/1/2009	John	CHECK			CK THANK YOU* Check - #10684	\$0.00	\$484.00	\$0.00	\$0.00	\$0.00	\$71.00
9/1/2009	John	CHECK			CK THANK YOU* Check - #10684	\$0.00	\$71.00	\$0.00	\$0.00	\$0.00	\$0.00
10/20/2009	John	D1110			Prophylaxis - Adult	\$71.00	\$0.00	\$0.00	\$0.00	\$0.00	\$71.00
11/12/2009	John	INSADJ			INSURANCE ADJUSTMENT	\$0.00	\$0.00	\$13.00	\$0.00	\$0.00	\$58.00
11/12/2009	John	IPPT			Insurance Payment for 10/20/2009 Ch	\$0.00	\$0.00	\$0.00	\$0.00	\$46.40	\$11.60
11/12/2009	John	CHECK			CK THANK YOU* Check - #0741	\$0.00	\$11.60	\$0.00	\$0.00	\$0.00	\$0.00
12/7/2010	John	D1110			Prophylaxis - Adult	\$71.00	\$0.00	\$0.00	\$0.00	\$0.00	\$71.00
2/1/12/2010					Statement printed on 2/11/2010	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$71.00
2/11/2010	John	ID			*INS DENIED -	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$71.00
2/18/2010	John	CHECK			CK THANK YOU* Check - #1077	\$0.00	\$71.00	\$0.00	\$0.00	\$0.00	\$0.00
3/17/2010	John	D0274			Bitewings - Four Films	\$45.00	\$0.00	\$0.00	\$0.00	\$0.00	\$45.00
3/3/2010					Statement printed on 3/3/2010	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$45.00
3/3/12/2010	John	INSADJ			INSURANCE ADJUSTMENT	\$0.00	\$0.00	\$9.00	\$0.00	\$0.00	\$36.00
3/3/12/2010	John	IPPT			Insurance Payment for 3/17/2010 Che	\$0.00	\$0.00	\$0.00	\$0.00	\$28.80	\$7.20
4/8/2010	John	CHECK			CK THANK YOU* Check - #1143	\$0.00	\$7.20	\$0.00	\$0.00	\$0.00	\$0.00
4/14/2010	John	D1110			Prophylaxis - Adult	\$71.00	\$0.00	\$0.00	\$0.00	\$0.00	\$71.00
5/13/2010					Statement printed on 5/18/2010	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$71.00
5/18/2010	John	ID			*INS DENIED -	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$71.00
5/18/2010	John	INSADJ			INSURANCE ADJUSTMENT	\$0.00	\$0.00	\$8.00	\$0.00	\$0.00	\$63.00
5/25/2010	John	CHECK			CK THANK YOU* Check - #1173	\$0.00	\$63.00	\$0.00	\$0.00	\$0.00	\$0.00
8/4/2010	John	D1110			Prophylaxis - Adult	\$71.00	\$0.00	\$0.00	\$0.00	\$0.00	\$71.00
8/4/2010	John	D0120			Periodic Oral Exam	\$40.00	\$0.00	\$0.00	\$0.00	\$0.00	\$111.00

DATE	NO.	SERVICES RENDERED	DEBIT	DR.	DATE	NO.	SERVICES RENDERED	DEBIT	NO.
10-3-12 - 09		Collect prophesy w/ <u>Fl</u> 71-							
		Med care Mamm And Laring -							
		Cerv 3-6 mm. protruding skin. (This was)							
1-21-10		No changes to Med b/s							
		Med care Med Ant and Post							
		of Max. New better specimen							
		brushing -							
3/15/10		w/ 2 <sup>nd</sup> molar - ? mass in glands,							
		wound - left plant goes to Loring							
		14-15							
3/17/10		West Star Elm - see figs not							
		seen at 3 month interval							
4-14-10		Collected prophesy w/ <u>Fl</u> 71-							
		Med care / plaque - rev.							
		Wicks specimen brushing.							
		Cerv 3-6 mm. protruding skin.							
		No changes to Med b/s (see <u>Fig 1</u> )							
8-4-10		Admit prophesy w/ <u>Fl</u> 71-							
		No changes to med b/s per							
		Med. Care. Mamm. Ant. Med. Plaque.							
		Cerv 3-6 mm. protruding - Dr. Shetho							
		Did exam - No sig. findings <u>Ant 2 mo</u>							

LAST NAME McNamee FIRST NAME John SPOUSE'S FIRST NAME \_\_\_\_\_ HOME PHONE \_\_\_\_\_ PATIENT NUMBER \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHYSICIAN'S NAME AND PHONE NUMBER \_\_\_\_\_ DATE OF EXAMINATION \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ COPY OF DIAGNOSIS TO BE SENT \_\_\_\_\_ BIRTHDATE \_\_\_\_\_ AGE \_\_\_\_\_

**MEDICAL HISTORY — SUMMARY**

General Health \_\_\_\_\_ Existing Illness \_\_\_\_\_  
 Medicine/Drugs \_\_\_\_\_  
 Allergies \_\_\_\_\_

**DENTAL HISTORY — SUMMARY**

Attitude \_\_\_\_\_  
 Home Care \_\_\_\_\_

**CLINICAL DATA**  
 General Condition of Teeth \_\_\_\_\_  
 Plaque \_\_\_\_\_ Stains \_\_\_\_\_ Abrasions \_\_\_\_\_  
 Condition of Present Restorations \_\_\_\_\_

Overhangs \_\_\_\_\_ Inflammation of Gingival Tissue: Slight \_\_\_\_\_ Moderate \_\_\_\_\_ Severe \_\_\_\_\_  
 Color \_\_\_\_\_ Recession \_\_\_\_\_ Pockets \_\_\_\_\_

Condition of the Floor of Mouth \_\_\_\_\_  
 Palate: Hard \_\_\_\_\_ Soft \_\_\_\_\_ Cheeks \_\_\_\_\_ Lips \_\_\_\_\_  
 Frenum \_\_\_\_\_ Tongue \_\_\_\_\_ Ridges \_\_\_\_\_  
 Presence of Exudate \_\_\_\_\_ Areas of Food Retention \_\_\_\_\_ Saliva \_\_\_\_\_

Catculus: Slight \_\_\_\_\_ Moderate \_\_\_\_\_ Excessive \_\_\_\_\_  
 TMJ \_\_\_\_\_ Neck \_\_\_\_\_ Occlusion \_\_\_\_\_

Results of X-ray: Bone \_\_\_\_\_ Root Tips \_\_\_\_\_ Impactions \_\_\_\_\_  
 Supernumerary \_\_\_\_\_ Abscesses \_\_\_\_\_

**MOLD & SHADE**

X-Rays \_\_\_\_\_

Study Models \_\_\_\_\_

Photographs \_\_\_\_\_

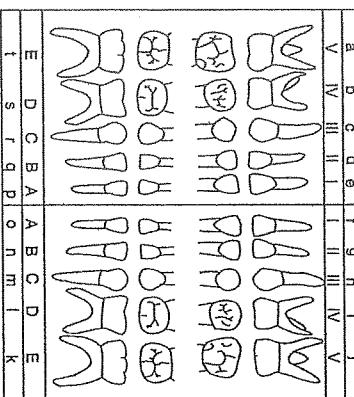
Clinical Exam \_\_\_\_\_

Vitality Test \_\_\_\_\_

Mobility \_\_\_\_\_

Habits — Thumb  
or finger sucking  
Occlusion:

Spaces or missing teeth:  
Orthodontics required: Yes No Date \_\_\_\_\_  
Remarks:



Primary Teeth

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16

TEETH Upper Lower

a b c d e f g h i j

v w x y z

Centrals

Laterals

Cuspids

Postolars

Habits — Thumb  
or finger sucking  
Occlusion:

Spaces or missing teeth:

Orthodontics required: Yes No Date \_\_\_\_\_

Remarks:

E	D	C	B	A	A	B	C	D	E
t	s	r	i	p	o	n	m	i	k





## Main Document

LAST NAME MahonFIRST NAME Dona

SPOUSE'S FIRST NAME \_\_\_\_\_

HOME PHONE \_\_\_\_\_

PATIENT NUMBER \_\_\_\_\_

DATE OF EXAMINATION \_\_\_\_\_

BIRTHDATE \_\_\_\_\_

AGE \_\_\_\_\_

ADDRESS \_\_\_\_\_

STATE \_\_\_\_\_

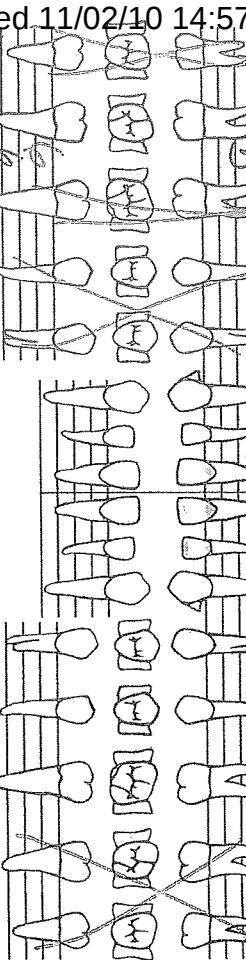
ZIP \_\_\_\_\_

COPY OF DIAGNOSIS TO BE SENT \_\_\_\_\_

DENTAL HISTORY — SUMMARY \_\_\_\_\_

## MEDICAL HISTORY — SUMMARY

General Health \_\_\_\_\_  
 Existing Illness \_\_\_\_\_  
 Medicine/Drugs \_\_\_\_\_  
 Allergies \_\_\_\_\_



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Pg 15 of 15

Log

MOLD &amp; SHADE

X-Rays

Study Models

Photographs

Clinical Exam

Vitality Test

Mobility

Primary Teeth

TEETH

Upper

Lower

Centrals

Laterals

Cuspids

Postolars

Habits — Thumb

or finger sucking

Occulsion:

Spaces or missing teeth:

Orthodontics required: Yes No Date

Remarks:

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